

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 44



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3549</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Thomas</u> <u>D</u> <u>Gillett</u> P.O. Box, Bldg., Room No., if any <u>NYSUT</u> Street <u>30 North Union Street</u> City <u>Rochester</u> State <u>New York</u> ZIP Code + 4 <u>14607</u>	4. Name, file number, and address of labor organization. Name <u>New York State United Teachers</u> Labor Organization File Number <u>070-581</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>800 Troy-Schenectady Road</u> City <u>Latham</u> State <u>New York</u> ZIP Code + 4 <u>1210</u>
5. Position in labor organization. <u>Regional Staff Director</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Thomas D. Gillett On 07/08/2005 585-454-5550
Date Telephone Number

Name of Person Filing Thomas Gillett

File Number U-

3549

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ING Financial Services

Trade Name, if any: ING

P.O. Box, Bldg., Room No., if any

Street 270 Essay Road

City Williamsville

State New York ZIP Code + 4 14221

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NYSUT Benefit Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 800 Troy-Schenectady Road

City Latham

State New York ZIP Code + 4 12110-2455

11.a. Nature of such dealing.

Contract provider of financial services program for union membership.

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

Participated in golf outing for charity.

12.b. Amount.

Est.

\$300

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

Name of Person Filing Thomas Gillett

File Number U-

3549

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from or selling to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Excellus Blue Cross Blue Shield

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 165 Court Street

City Rochester

State New York

ZIP Code + 4 14647

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Medical insurance company which seeks to contract with public school districts as their medical program provider. Employees of such district often constitute union membership.

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

Attended Buffalo Bills football game as guest.

12.b. Amount.

Est

- \$150

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from or selling to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Providium Consultants

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 345 Woodcliff Drive

City Fairport

State New York

ZIP Code + 4 14450

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

11.a. Nature of such dealing.

Medical insurance consultant which manages benefits contracts with public school districts for county consortium. Employees of such districts often constitute union membership.

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

Participated in golf outing.

12.b. Amount.

Es - \$75